City College of San Francisco
Disabled Student Programs & Services

REAL-TIME CAPTIONING REQUEST FORM
Semester ___________     Year _______

NAME: ____________________________________________ Last                                                    First                                                        Middle Initial

ID#: ________________________     EMAIL: ____________________________________________

IMPORTANT: Please fill out all the information requested in the space provided. Bring the form to DSPS or fax to 415-452-5565.

A DSPS counselor will check the request. If the request is approved, DSPS will make every attempt to arrange services. Due to the shortage of qualified real-time captioners, alternate accommodations may need to be arranged. Plan ahead and utilize priority registration. Requests made on short notice will be considered. It is your responsibility to check back with DSPS to make sure the request is approved. ______ (Initials)

- To schedule an appointment with a counselor, email deafserv@ccsf.edu.
- To receive real-time captioning services, you must register with DSPS each semester. Medical verification of hearing loss must be on file.
- To cancel captioner request, email deafserv@ccsf.edu. 48 hours would be appreciated. ______ (Initials)

CLASS/EVENT
(appointment, field trip, etc)

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<th>CAMPUS/ROOM</th>
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Captioner(s) Requested: ____________________________________________

Every attempt will be made to honor your request. We cannot promise that the captioner you request will be available.

Students must complete a separate Captioner Request Form for each final exam. ______ (Initials)

I give DSPS permission to inform my instructors in advance that a captioner will be providing services to a Deaf/hard of hearing student during class meetings.

Student Signature: ____________________________________________ Date: ___________________

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To be completed by DSPS counselor:

Captioner Request: APPROVED __________ NOT APPROVED __________

Counselor Signature: ____________________________________________ Date: ___________________